

**REMARKS**

Upon entry of the accompanying amendment, claims 6 and 7 are all the claims pending in the application. Claims 6 and 7 have been amended to more clearly point out the claimed feature of the invention. Claims 1-5 have been canceled. No new matter has been introduced.

Entry of the amendment and reconsideration of the application are respectfully requested.

**Claim Rejections under 35 U.S.C. § 112, Second Paragraph and 35 U.S.C. § 101**

Claims 4 and 5 stand rejected under 35 U.S.C. § 112, second paragraph and under 35 U.S.C. § 101. Claims 4 and 5 have been canceled and the rejection is rendered moot.

**Claim Rejections under 35 U.S.C. § 102**

Claims 1-7 stand rejected under 35 U.S.C. § 102(b) as being allegedly anticipated by Propert et al, (Urology, 59 (6), 2002, pp. 870-876) (“Propert”).

Propert is relied upon to disclose a clinical trial comparing the efficacy and safety endpoints of tamsulosin hydrochloride, alone or combined with ciprofloxacin, in patients with chronic prostatitis/chronic pelvic pain syndrome. The Office asserts that Propert teaches that the study population consists of men with symptoms of discomfort or pain in the pelvic region, and the pain can be perineal, suprapubic, testicular, and/or penile.

Claims 1-3 drawn to the composition comprising tamsulosin hydrochloride have been canceled.

Applicants respectfully submit that Propert fails to teach the therapy method of claims 6-7 of the present application.

Propert merely describes a protocol for preclinical investigations for patients suffering from chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS), in which tamsulosin was used as a drug. Propert does not provide any results of such protocol. Accordingly, one skilled in the art would not be able to determine, from the disclosure of Propert, whether or not tamsulosin is effective for treating chronic pelvic pain syndrome. Therefore, Propert fails to teach or suggest that tamsulosin is effective for treating chronic pelvic pain syndrome.

In fact, a later published article (Alexander *et al.*, Ciprofloxacin or Tamsulosin in men with Chronic Prostatitis/Chronic Pelvic Pain Syndrome, *Annals of Internal Medicine*, Vol. 141, No. 8, pp.581-589 (2004) (“Alexander”)) reports the outcome of the preclinical investigation described in Propert, in which Propert states that tamsulosin was not effective treatment for CP/CPPS. Alexander, p. 582, left column, “Implications”; p. 585, right column, second full paragraph (“No significant effects of drug treatment were observed at 6 weeks for ciprofloxacin compared with no ciprofloxacin or tamsulosin compared with no tamsulosin.”).

In conclusion, Propert fails to teach the therapy method of claim 6-7 of the present application, as evidenced by Alexander.

Applicant respectfully request that claims 6-7 be reconsidered and the rejection be withdrawn.

AMENDMENT UNDER 37 C.F.R. § 1.111  
Application No.: 10/526,377

Attorney Docket No.: Q86591

In view of the above, reconsideration and allowance of this application are now believed to be in order, and such actions are hereby solicited. If any points remain in issue which the Examiner feels may be best resolved through a personal or telephone interview, the Examiner is kindly requested to contact the undersigned at the telephone number listed below.

The USPTO is directed and authorized to charge all required fees, except for the Issue Fee and the Publication Fee, to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.

Respectfully submitted,

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